

IN THE UNITED STATES DISTRICT COURT  
MIDDLE DISTRICT OF NORTH CAROLINA  
Civil Action No. 1:17-cv-00854-TDS-LPA

REBECCA KOVALICH and SUZANNE )  
NAGELSKI, )

Plaintiffs, )

v. )

PREFERRED PAIN MANAGEMENT & )  
SPINE CARE, P.A., DR. DAVID SPIVEY, )  
individually, and SHERRY SPIVEY, )  
individually. )

Defendants. )

**Exhibit 30**

EEOC Form 5 (11/09)

# CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To:

Agency(ies) Charge No(s):

☐ FEPA

☒ EEOC

**435-2016-00668**

State or local Agency, if any

and EEOC

Name (indicate Mr., Ms., Mrs.)

Home Phone (Incl. Area Code)

Date of Birth

Street Address

City, State and ZIP Code

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name

No. Employees, Members

Phone No. (Include Area Code)

**PREFERRED PAIN MANAGEMENT & SPINE CARE**

**15 - 100**

**(336) 760-0706**

Street Address

City, State and ZIP Code

**2912 Maplewood Avenue, Winston Salem, NC 27103**

Name

No. Employees, Members

Phone No. (Include Area Code)

Street Address

City, State and ZIP Code

DISCRIMINATION BASED ON (Check appropriate box(es).)

☐ RACE

☐ COLOR

☒ SEX

☐ RELIGION

☐ NATIONAL ORIGIN

☒ RETALIATION

☒ AGE

☐ DISABILITY

☐ GENETIC INFORMATION

☐ OTHER (Specify)

DATE(S) DISCRIMINATION TOOK PLACE  
Earliest Latest

**01-18-2016**

☐ CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

**I was employed by the above named Respondent as a Compliance Officer until I was discharged January 18, 2016.**

**Shortly before I was discharged, on or around early January 2016, I experienced an incident in which my supervisor, male, 60's, who is also the Owner, grabbed my buttocks in front of a patient and his son. The area in which the Owner grabbed me was in such a private area I found it highly offensive. The patient son thought so as well because he exclaimed "Wow" and something to the effect what are you doing, to my supervisor. He did not respond and I left the area. I did not report the incident because the harasser was the Owner and the Human Resource manager was a member of his family. A few days after the incident the Owner made a comment in a staff meeting in which his wife, who is also the Nursing supervisor, female, 60's and the Financial Administrator, female, 30's that he grabbed my bottom.**

**On January 18, 2016, my supervisor, who is also the Owner, informed me I was being discharged and the Human Resources manager, female, 40's was taking over my duties. She is significantly less**

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

**Jul 12, 2016**

Date

Charging Party Signature

NOTARY - When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE  
(month, day, year)

**DEFENDANTS000719**